

**Special Supplemental Nutrition Program for Women, Infants and Children
and Breastfeeding Peer Counseling Services Programs
RFP 2018-DPHS-11-SPECI
Questions and Answers**

| # | Section | Question | Response |
|---|-------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | General | <i>Please provide a link to the currently approved NH administrative rule which applies to the WIC Program and currently approved by the USDA and the NH WIC State Plan</i> | http://www.dhhs.nh.gov/dphs/nhp/wic/documents/new-wic-admin-rules-2014.pdf |
| | Section 3.3.6 | Q4. <i>Does the Breastfeeding Coordinator (also our registered dietitian) need to submit proof of her RD with the proposal?</i> | If your Breastfeeding Coordinator is your “designated RD” on staff, then yes, vendor shall submit proof of registration. |
| | Section 3.3.7 | <i>Do all CLCs need to submit proof of certification?</i> | Vendor does not need to submit proof for all CLCs on staff, but must submit proof for at least one, preference being the Breastfeeding Coordinator. |
| | Section 3.3.8 | <i>Are the Nutrition and Breastfeeding Coordinators still counted as FTE for these positions when they are also counted as FTE for nutritionist? Can either of these positions (nutrition coordinator/breastfeeding coordinator) be shared with another position such as WIC Director or nutritionist?</i> | A Nutritionist and/or BF Coordinator can count towards the 1FTE per 4,000 participant requirement and the total FTE count for agency nutritionists. |
| | Section 3.1.2.5.2 | Q1. <i>Is the “State Agency approved WIC logo” Does this refer to the NH WIC logo or the new logo from the National WIC enrollment and retention website?</i> Q2. <i>Can either logo be used for print media/social media interchangeably?</i> | Q1: The new logo from the National WIC enrollment and Retention campaign. Q2: No, vendor shall use the new WIC logo. |
| | Section 3.1.2.6 | Q3. <i>Will new clinic locations need to be submitted for approval at initial contract or will new clinic locations need to</i> | Q3. All clinic locations will be approved as part of the initial proposal. New locations added after the contract is executed will require approval from the State WIC Agency. |

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| | | <p><i>be submitted for approval during the contract years?</i></p> <p>Q4. <i>Will these new clinic locations need to be submitted to DPHS or DHHS State WIC Agency for approval?</i></p> <p>Q5. <i>Is there a specific number in miles which a WIC authorized food store needs to be in relationship to a clinic location?</i></p> | <p>Q4. New clinic locations need to be submitted to the State WIC Agency.</p> <p>Q5. No.</p> |
| | Section 3.1.2.7 | <p>Q6. <i>What is considered “available transportation for accessing WIC clinic?”</i></p> <p>Q7. <i>Does this entail public transportation?</i></p> <p>Q8. <i>Does this transportation need to be at the cost of the bidding agency?</i></p> <p>Q9. <i>Does “minimum 6 pm or later appointment” need to be a certification appointment or a FUN appointment?</i></p> | <p>Q6: Available transportation refers to any public transportation such as bus routes.</p> <p>Q7: Yes, if available.</p> <p>Q8: No.</p> <p>Q9: Offering evening appointments 6 p.m. or later refers to all appointment types, in order to meet the need of the participant.</p> |
| | Section 3.1.2.23 | <p>Q10. <i>What “Department” needs to be notified, DPHS or State WIC Agency?</i></p> | <p>Q10: The State WIC Agency needs to be notified. The State WIC Agency, DPHS and Department may be used interchangeably in the RFP.</p> |
| | Section 3.2.1 | <p>The RFP references an annual work plan that is due no later than July 30th of each contract year. In Section 3.2.3 there is a reference to a year-end report due no later than June 30th of each contract year. <i>Please provide more details as to what should be included in the year-end report and provide any format requirements.</i></p> | <p>3.2.1 Should read: the Vendor shall provide an annual work plan, which shall include work plans for each performance measure no later than June 30th of each contract year.</p> <p>The format shall follow the workplan template with an added column for update/outcome/deliverable. The content should reflect the activities that are listed in the workplan for meeting the overall performance measure.</p> |
| | Section | <p>Q11. <i>Can you clarify if</i></p> | <p>Q11. All Nutrition staff meeting the requirements of a</p> |

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| 3.3.6 | <i>all nutrition staff can counsel high risk participants or only the registered dietitian on staff?</i> Q12. <i>Does a RD have to be at each clinic, including mobile clinic?</i> | Competent Professional Authority is allowed to counsel high risk participants. Q12. An RD does not have to be at each clinic however clinic staff must have access to an RD for complex situations, within a reasonable amount of time. |
| Section 3.3.7 | “Best practice is that the WIC Breastfeeding is an International Board Certified Lactation Consultant (IBCLC).” <i>Should this say WIC Breastfeeding Coordinator?</i> | 3.3.7 Should read: Best Practice is that the WIC Breastfeeding Coordinator is an International Board Certified Lactation Consultant (IBCLC). |
| Section 3.3.7, 3.3.8 and 3.3.10 | These sections discuss a Breastfeeding Coordinator and a designated breastfeeding peer counselor manager or coordinator. <i>Can these be the same person?</i> | Yes |
| Section 3.4.2 | <i>Please provide more information on what should be included when addressing the “consideration of influence principles” in the proposal.</i> | Power of influence principles as describe by Robert Cialdini—Likability, Consensus, Reciprocity, Consistency, Authority, and Scarcity. |
| Section 3.5 | Q3 <i>Are MOUs required with all partners including health and social service agencies?</i> | Q3: MOUs are not required of all partners however MOUs/Letters of Support help to clarify the nature of the partnership and the level of collaboration. |
| Section 3.5, | Q11. <i>Work Plan- Should the work plan from 2016-2017 be submitted or are we developing a new work plan that will be effective 2017-2018 and 2018-2019?</i> | Q11: Vendors must develop a new work plan that will be effective July 1, 2017 through June 30, 2018 and July 1, 2018 through June 30, 2019. A July 1, 2016 through June 30, 2017 work plan final report is required in the current WIC contract. |
| Section 3.5 | Q13. <i>Can you clarify “high priority populations”? For example: income status, health status or ethnic</i> | Q13: High priority populations include those categories served by the WIC Program; low income pregnant women, preschool age children and infants. |

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| | | <i>status.</i> | |
| . | Section 7.2.2.7 | <i>Is a resume required for all staff or just key staff members?</i> | A resume is required for all employees who receive funds from this contract. |
| . | Section 7.2.2.9 | <i>Please provide a list of specific licenses that are required in the proposal. i.e. RD or licensed nutritionist, CLIA.</i> | Although these are not considered a license, proof of certification is required for a Registered Dietitian (RD) or Registered Dietitian Nutritionist (RDN) and a Certified Lactation Counselor (CLC) or as Best Practice an International Board Certified Lactation Consultant (IBCLC). |